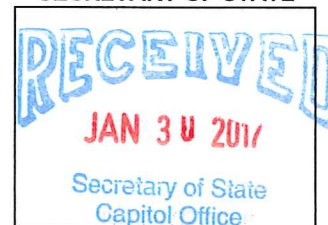


Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Hob Bryan  
 Address P.O. Box 75 County Monroe  
 Telephone 662-256-9601 Fax \_\_\_\_\_  
 Office Sought State Senate, District 7 Email Address \_\_\_\_\_

☐ Check here if above is different from previous report

\_\_\_\_ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....**Mandatory**  
*All candidates, excluding judicial candidates on the November 2016 General Election ballot.*

\_\_\_\_ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

**Required to terminate reporting obligations**

**IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 9,748.82 +\$ 900.00	\$ 10,648.82	\$ 10,648.82
Total amount of disbursements	\$ 4,055.76 +\$ 2,873.88	\$ 6,929.64	\$ 6,929.64
Total amount of cash on hand		\$ 56,548.81	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.*

*Wendell Hobbs Bryan II*  
 Signature of Candidate

January 30, 2017

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Hob BryanReporting period January 1, 2016 through December 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BNSF Railway Company		<u>8</u> / <u>25</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 2500 Lou Menk Drive		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Fort Worth, Texas 76131		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) 		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name United Health Group, Inc.		<u>10</u> / <u>4</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address P.O. Box 1459		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Minneapolis, Minnesota 55440		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) 		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pfizer, Inc.		<u>10</u> / <u>4</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 6730 Lenox Center CT		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Memphis, Tennessee 38115		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) 		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anheuser Busch Companies		<u>10</u> / <u>4</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address One Busch Place		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code St. Louis, Missouri 63118		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) 		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Hob BryanReporting period January 1, 2016 through December 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KCS Rail PAC</u>		<u>10</u> / <u>26</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Box 219335</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Kansas City, Missouri 64121</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Corporation PAC</u>		<u>10</u> / <u>26</u> / <u>16</u>	\$ <u>2000.00</u>
Mailing Address <u>7700 Forsyth Boulevard</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>St. Louis, Missouri 63105</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>2000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comprehensive Health Management Inc.</u>		<u>11</u> / <u>21</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 31390</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Tampa, Florida 33631</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Takeda Pharmaceuticals USA, Inc.</u>		<u>12</u> / <u>1</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>One Takeda Parkway</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Deerfield, Illinois 60015</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Hob BryanReporting period January 1, 2016 through December 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Home Care State PAC</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>134 Fairmont Street, Suite B</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Clinton, Mississippi 39056</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Health Care Association PAC, LLC</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>2000.00</u>
Mailing Address <u>1076 Highland Colony Parkway, Suite 125</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, Mississippi 39157</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>2000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharma</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>830 North Street, Suite B</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Baton Rouge, Louisiana 70802</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Amerigroup Corporation</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 68086</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Deerfield, Illinois 60015</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Hob BryanReporting period January 1, 2016 through December 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corporation</u>		<u>12</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>One Comcast Center, 1701 JFK Boulevard</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Philadelphia, Pennsylvania 19103</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson Bearman Caldwell &amp; Berkowitz PAC</u>		<u>12</u> / <u>21</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>4268 I-55 North, Meadowbrook Office Park</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, Mississippi 39211</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Monsanto Company</u>		<u>12</u> / <u>30</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>800 North Lindbergh</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Creve Coeur, Missouri 63167</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hob Bryan</u>		<u>1</u> / <u>20</u> / <u>16</u>	\$ <u>80.94</u>
Mailing Address <u>P.O. Box 75</u>		<u>9</u> / <u>30</u> / <u>16</u>	\$ <u>126.11</u>
City, State, Zip Code <u>Amory, Mississippi 38821</u>		<u>12</u> / <u>30</u> / <u>16</u>	\$ <u>41.77</u>
Name of Employer (Required) <u>self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$ <u>248.82</u>

Name of Candidate or Committee Hob BryanReporting period January 1, 2016 through December 31, 2016

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Wright Rentals		
<b>Mailing Address</b>	<u>1</u> / <u>23</u> / <u>16</u>	\$ 547.51
60003 Brookside Drive		
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Amory, Mississippi 38821		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 547.51
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mid South Fine Printers		
<b>Mailing Address</b>	<u>1</u> / <u>23</u> / <u>16</u>	\$ 508.25
111 South Main Street		
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Amory, Mississippi 38821		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 508.25
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
C. D. Consulting		
<b>Mailing Address</b>	<u>1</u> / <u>23</u> / <u>16</u>	\$ 3000.00
P.O. Box 602		
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Amory, Mississippi 38821		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3000.00
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$